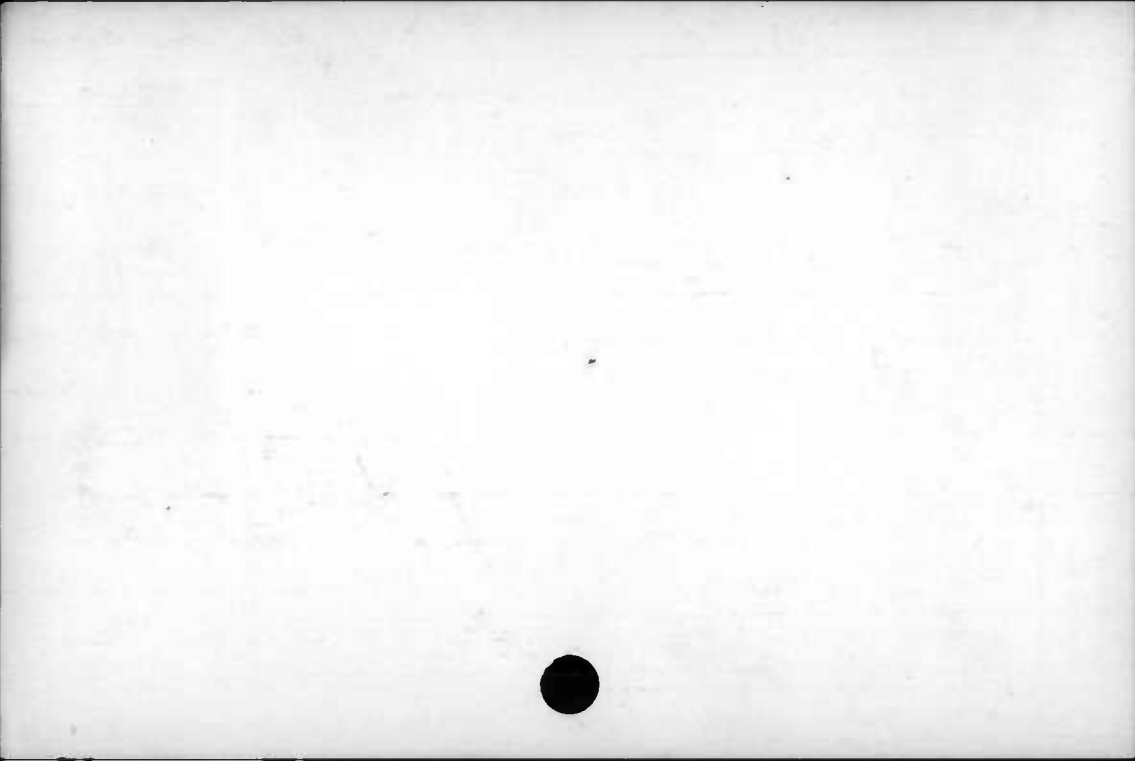


Name in Full		William D. Adams				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND	
		Died at		Charles			
		Date of death	Month	Day	Years	Months	Days
		1907	October	14	68		
		Sex	Color or Race	Birthplace			
Male	White	Charles Co. Md.					
PHYSICIAN OR CORONER		Occupation		Where Residing if not at place of death			
		Admiral		at home			
		Married, Single or Widowed	Name of Wife or Husband				
		Married	Jane Roby				
		Father's Name	Father's Birthplace				
Leander Adams	Charles Co. Md.						
Mother's Maiden Name	Mother's Birthplace						
Jane Roberts							
Name of person giving information	How related to deceased						
U. D. Adams	Son						
		CAUSES OF DEATH		120			
PHYSICIAN OR CORONER		Primary		How long			
		Bright's Disease of Kidneys		Two Years			
		Immediate		How long			
		Corditis		Short while			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		J. O. Dorman					
		Address					
		Wadsworth					
		Md.					
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		Oct	15	84			
Sex	Male	Color or Race	Colored	Birth-place	Ind		
Occupation	Laborer		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband				
Barbry Branson		at place of death					
Father's Name	Bill Branson		Father's Birthplace		Ind		
Mother's Maiden Name	Susan Blackston		Mother's Birthplace		Chas. Co. Md		
Name of person giving information	Fred Branson		How related to deceased		Son		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Old age	How long	Six months
Immediate	Heart Trouble	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John P. Marshall
		Address	Sub Reg
Accident or Suicide?	No		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

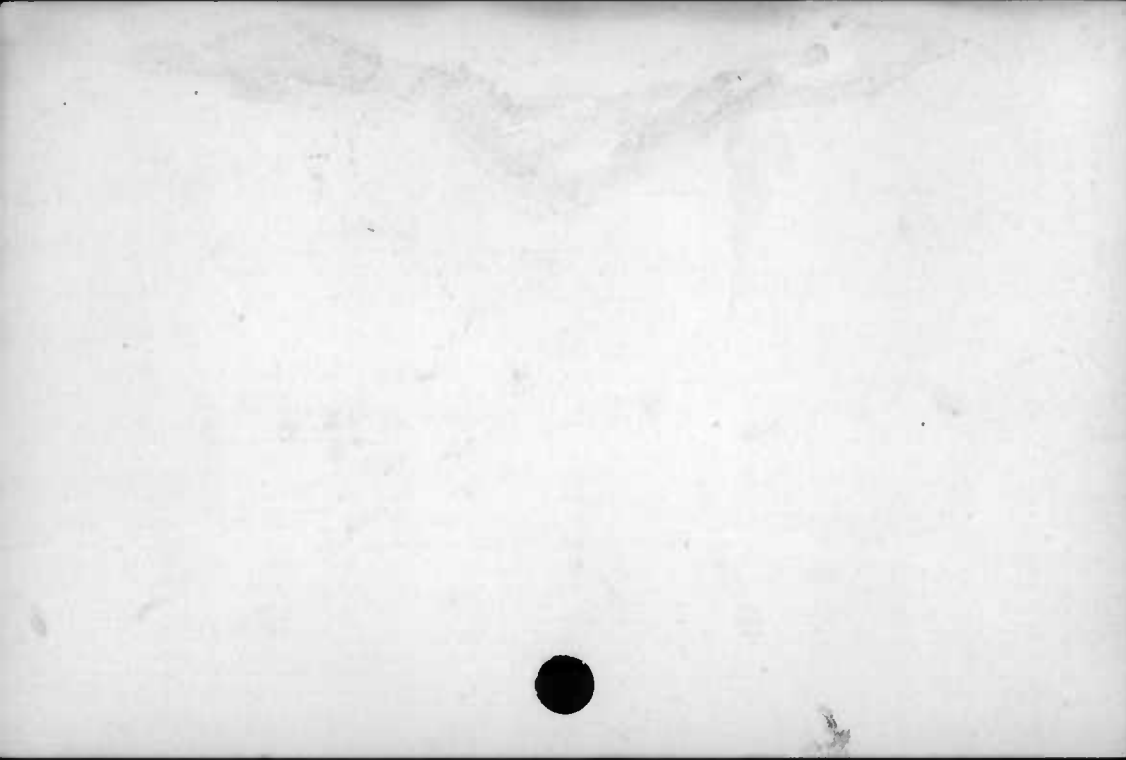
Died at <u>Issa</u> <sup>Town</sup>		<u>Charles</u> <sup>County</sup>		MARYLAND	
Date of death <u>1907 Oct.</u> <sup>Month</sup>		<u>1</u> <sup>Day</sup>	Age <u>70</u> <sup>Years</sup>	<u>      </u> <sup>Months</sup>	<u>      </u> <sup>Days</sup>
Sex <u>Male</u>		Color or Race <u>Black</u>		Birth-place <u>St Mary's Co. Md.</u>	
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>      </u>			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Emma Butler</u>			
Father's Name <u>Jno. Butler</u>		Father's Birthplace <u>St Mary's Co. Md.</u>			
Mother's Maiden Name <u>Emma Wilson</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>Chas. H. Butler</u>		How related to deceased <u>Son</u>			

## CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary	<u>Chr. Bronchitis</u>	How long	<u>      </u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Reuben J. Langh, M.D.</u>	
		Address <u>Newburg, Md.</u>	
Accident or Suicide? <u>      </u>			



Name

in  
Full

Mary Francis Butler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Bel Alton		County Charles		MARYLAND	
Date of death	1907	Month October	Day 17	Age	32	Months 1	Days 9
Sex	Female		Color or Race	African		Birth-place	Charles, Co.
Occupation	Housewife			Where Residing if not at place of death =====			
Married, Single or Widowed	Married		Name of Wife or Husband	Bannie Butler			
Father's Name	Frank Clark				Father's Birthplace	Chas. Co.	
Mother's Maiden Name	Ann Sly				Mother's Birthplace	Chas. Co.	
Name of person giving information	Bannie Butler				How related to deceased	Husband	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever	How long	6 Weeks
Immediate	Cardiac Insufficiency	How long	3 Weeks

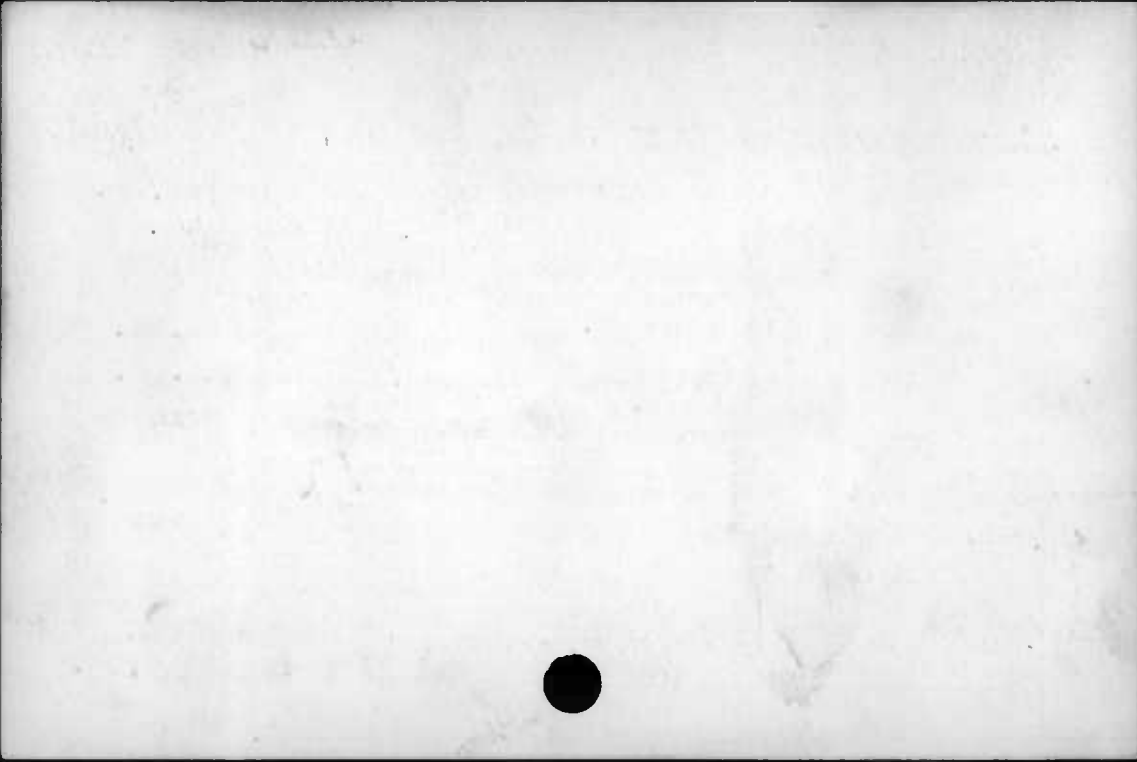
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Bel Alton, Charles, Co.  
Maryland

Accident or Suicide?





Name  
in  
Full

Jeanne Brooke Cogley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Wayside</i> <sup>Town</sup>		<i>Charles</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>October</i>	Day <i>11</i>	Age	Years	Months <i>2</i> Days <i>24</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Washington</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single _____ or Widowed			Name of Wife or Husband _____		
Father's Name <i>Charles F Cogley</i>			Father's Birthplace <i>La Porte Ind.</i>		
Mother's Maiden Name <i>Ruby Richmond</i>			Mother's Birthplace <i>Wayside Md.</i>		
Name of person giving information <i>Father</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

Primary <i>Meningitis</i>	How long <i>6 weeks</i>
Immediate	How long <i>6</i>

Are the name, age, sex, color, date and place correctly given above?

*Yes*

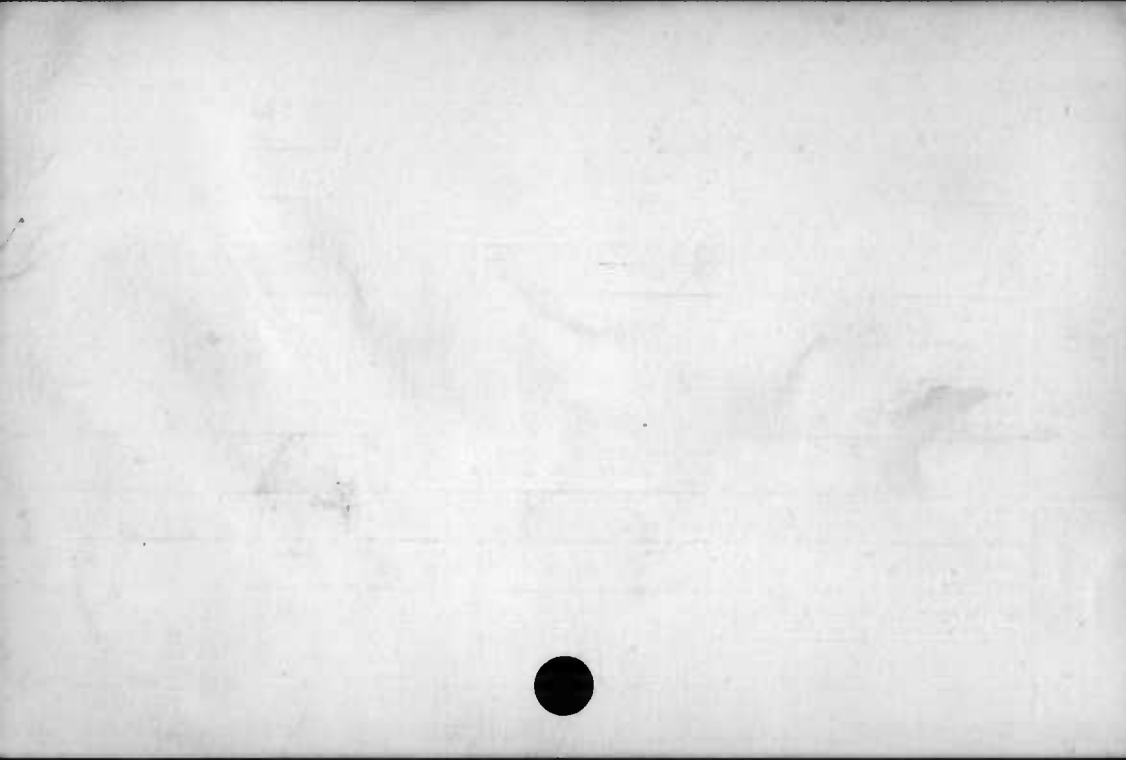
Signature of Physician

*J. L. Higdon*

Address

*Wayside Ind.*

Accident or Suicide?



Name  
in  
Full

Sarah Conter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

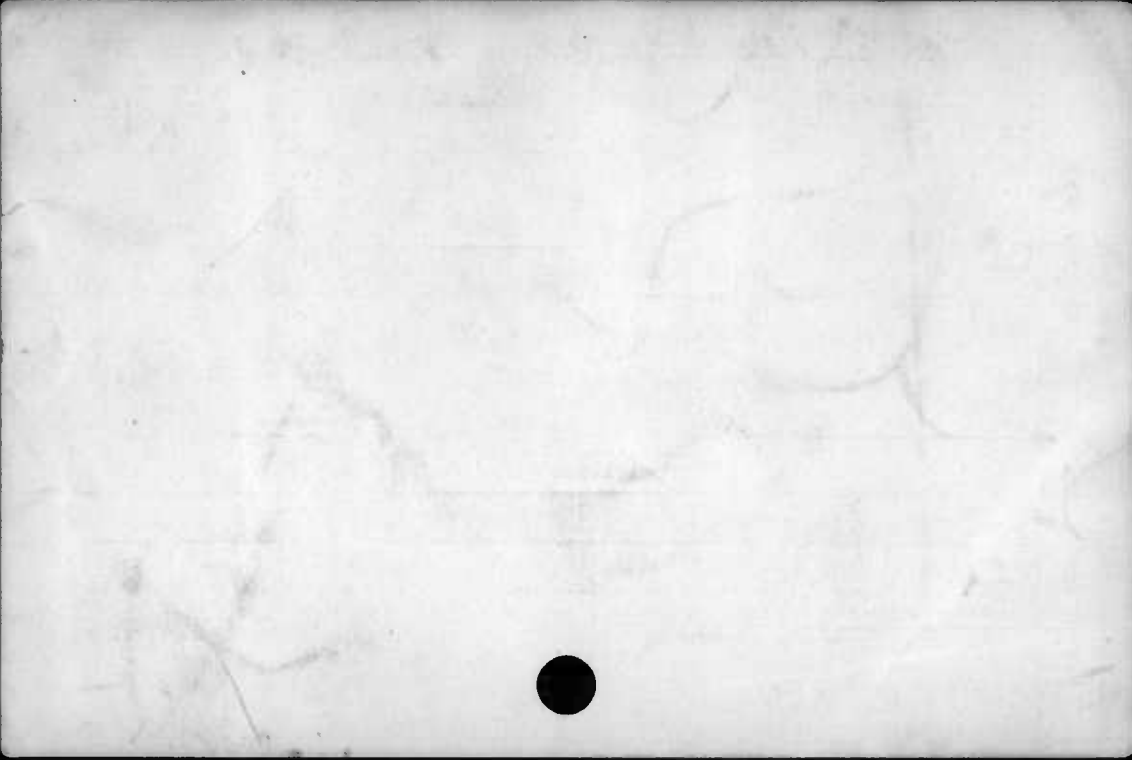
Died at		Cooksey <sup>Town</sup>		Charles <sup>County</sup>		MARYLAND	
Date of death		1907	Month 10	Day 17	Age 31	Months	Days
Sex	Female		Color or Race	Black		Birth-place	Cooksey
Occupation				Where Residing if not at place of death Shiloh			
Married, Single or Widowed	Single			Name of <del>Widow</del> Husband Ed. H. Conter			
Father's Name	Frank Bradley				Father's Birthplace	Cooksey	
Mother's Maiden Name	Nancy Stuart				Mother's Birthplace	Cooksey	
Name of person giving information	Vincent Prior				How related to deceased	Brother in law	

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary	Heart Trouble	How long	4 mrs.
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. L. Hixson	
for		Address Weyside Ind.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bryantown</i> <sup>Town</sup>			<i>Burtis</i> <sup>County</sup>			MARYLAND		
Date of death	<i>1907</i>	<i>October</i> <sup>Month</sup>	<i>15</i> <sup>Day</sup>	Age	<i>—</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>one</i> <sup>Days</sup>	
Sex	<i>Male</i>		Color or Race	<i>Black</i>		Birth-place	<i>Bryantown</i>	
Occupation				Where Residing if not at place of death				
Married, Single or Widowed	<i>—</i>		Name of Wife or Husband					
Father's Name	<i>James Edward Burtis</i>					Father's Birthplace	<i>Chas. Co. M-d</i>	
Mother's Maiden Name	<i>Mary E. Burtis</i>					Mother's Birthplace	<i>Chas. Co. M-d</i>	
Name of person giving information	<i>James E. Burtis</i>					How related to deceased	<i>Father</i>	

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	How long	<i>one day</i>
Immediate	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
	<i>James E. Burtis</i>	
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

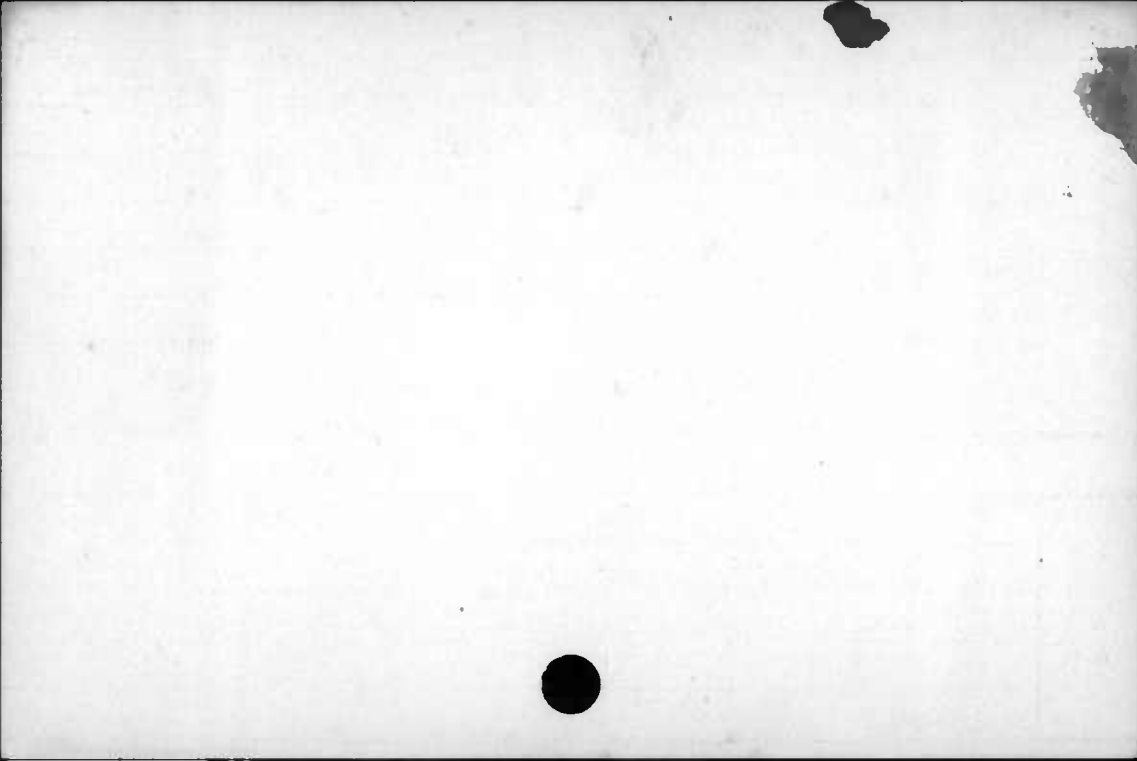
Name <i>Levia Dent</i>		Town <i>near Newcastle</i>		County <i>Charles</i>		MARYLAND	
Died at		Date of death		Age		Months	
		1907 Oct 23		about 70			
Sex <i>female</i>		Color or Race <i>Black</i>		Birth- place <i>Md.</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Harry Jno Dent</i>					
Father's Name <i>Henry Shivers</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information <i>Wallace Ward</i>		How related to deceased <i>none</i>					

## CAUSES OF DEATH

(64)

PHYSICIAN  
OR CORONER

Primary <i>Constriction of the Brain</i>	How long <i>therefore</i>
Immediate <i>General Senile debility</i>	How long <i>weeks or more</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Speake M.D.</i>
	Address <i>Grayton Md.</i>
<del>Accident or Suicide?</del>	





Name  
in  
Full

Betty May D. Domington.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

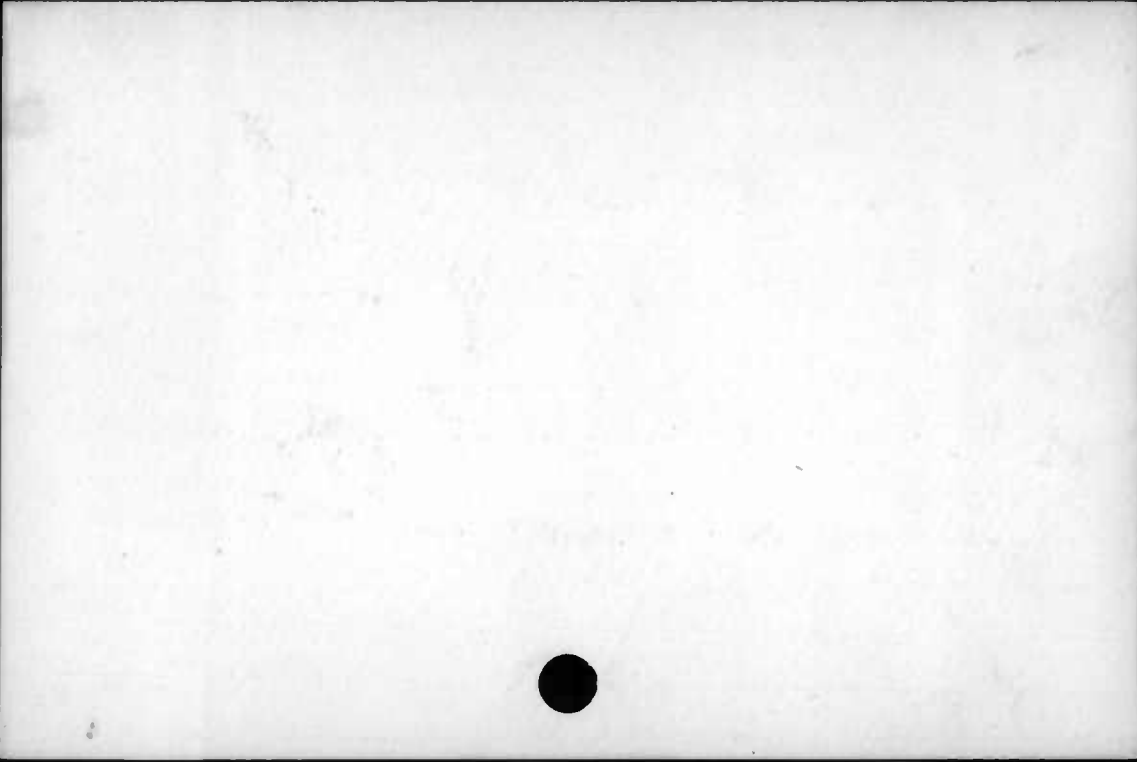
Died at <u>Marysburg</u> <small>Town</small>		<u>Charles</u> <small>County</small>		MARYLAND	
Date of death	<u>1907</u>	<u>Oct.</u> <small>Month</small>	<u>7</u> <small>Day</small>	Age <u>      </u> <small>Years</small>	<u>6</u> <small>Months</small> <u>      </u> <small>Days</small>
Sex	<u>Female</u>		Color or Race	<u>American</u>	
Occupation	<u>      </u>		Birth-place	<u>Marysburg Md.</u>	
Married, Single or Widowed <u>Single</u>			Name of Wife or Husband <u>      </u>		
Father's Name <u>Benj. D. Domington</u>			Father's Birthplace <u>Charles Co. Md.</u>		
Mother's Maiden Name <u>Adda Cox</u>			Mother's Birthplace <u>Charles Co. Md.</u>		
Name of person giving information <u>James D. Cox</u>			How related to deceased <u>Grandfather</u>		

## CAUSES OF DEATH

105

PHYSICIAN  
OR CORONER

Primary	<u>Enterocolitis - Arthritis.</u>	How long	<u>3 moos.</u>
Immediate	<u>Inanition - Septicemia.</u>	How long	<u>3 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Geo. C. Bicknell,</u>	
		Address <u>Purgah, Md.</u>	
Accident or Suicide? <u>      </u>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *William Morgan Ford* Town *Shilo* County *Charles*

Died at

Date

of death

*1907 Oct-23*

Month

Day

Age *51*

Years

Months

Days

Sex

*Female*

Race

*Colored*Birth-  
place

Occupation

*Hammer*Where Residing if not  
at place of deathMarried, ~~Single~~  
or WidowedName of Wife or  
HusbandFather's  
Name*Colbert Ford*Father's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
Information*Ernest P. Ford*How related  
to deceased*no*

## CAUSES OF DEATH

*29*

Primary

*Chronic Tuberculosis*

How long

*22 mo.*

Immediate

*Cardiac failure*

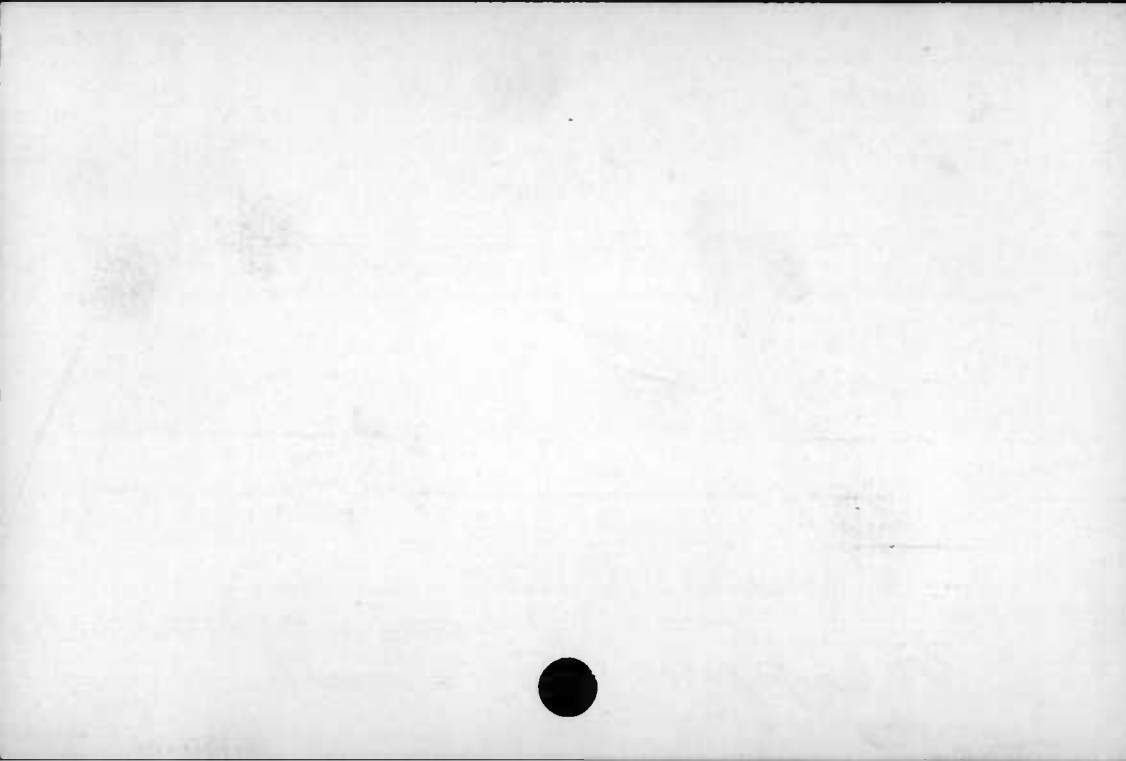
How long

*10 days*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Reed Langh.  
Newburg, Md.*

Accident or Suicide?



Name  
in  
Full

William Gray

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Mason's Springs</i>		Town <i>Char.</i>		County		MARYLAND	
Date of death <i>1907 Oct.</i>		Month <i>Oct.</i>		Day <i>23</i>		Age <i>Years</i>	
Sex <i>Male</i>		Color or Race <i>collord</i>		Birth-place <i>Char. Co Md</i>		Months <i>1</i>	
Occupation <i>none</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Singled</i>		Name of Wife or Husband					
Father's Name <i>Jo? B Gray</i>		Father's Birthplace <i>Char. Co Md</i>					
Mother's Maiden Name <i>Laura V Gray</i>		Mother's Birthplace <i>Char. Co Md</i>					
Name of person giving information <i>Jo? B Gray</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

151

PHYSICIAN  
OR CORONER

Primary	<i>Premature Birth</i>	How long
Immediate	<i>Premature Birth</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>none in attendance</i>
<i>Chas Carpenter</i>		Address <i>Ringask</i>
Accident or Suicide? <i>Sub Regstr</i>		



Name  
In  
Full

Charlotte Mankin

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

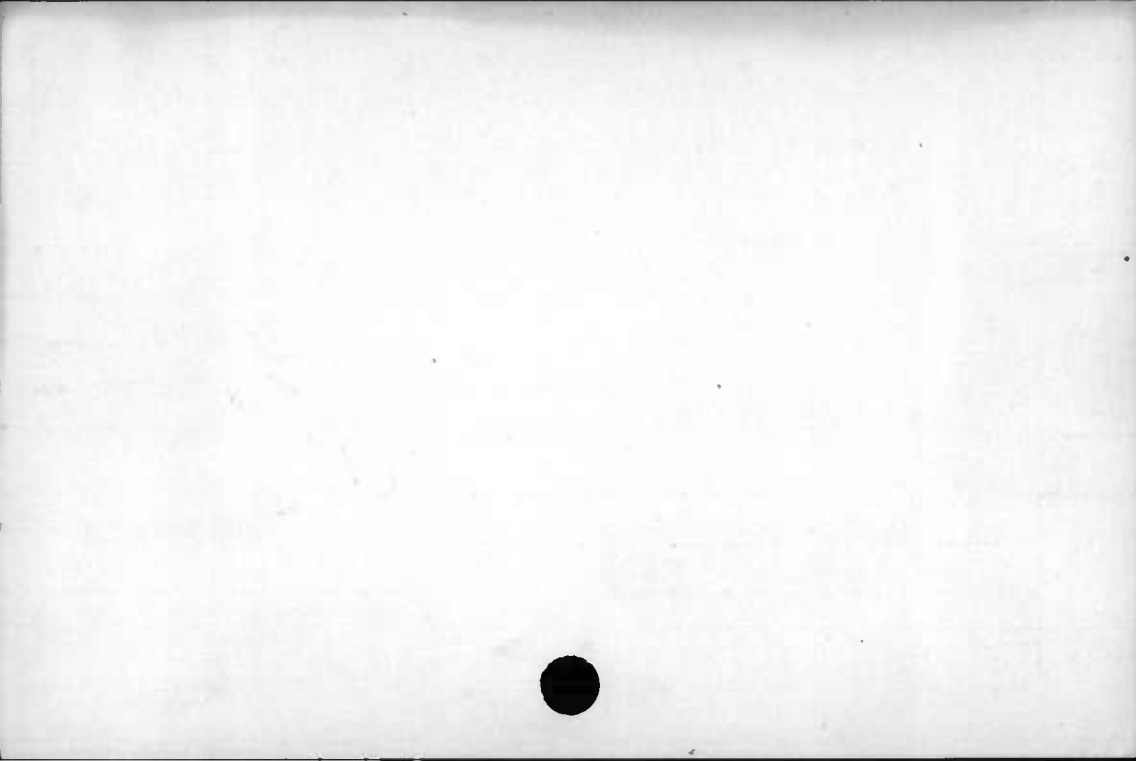
Died at <i>Mar Dransides</i>		County <i>Chas</i>		MARYLAND	
Date of death	1907	Month	Oct.	Day	15
Age		Years		Months	Days
24					
Sex	Female		Color or Race	Black	
Birth-place	Md.				
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of HUSBAND	Ernest Mankin	
Father's Name	John J. Mankin		Father's Birthplace	Md.	
Mother's Maiden Name	Charlotte Mankin		Mother's Birthplace	Md.	
Name of person giving information	Ernest Mankin		How related to deceased	Husband	

## CAUSES OF DEATH

①

PHYSICIAN  
OR CORONER

Primary	<i>Typhoid fever</i>		How long	<i>Three weeks</i>
Immediate	<i>Complicated with meningitis</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S. H. Speaker</i> Address <i>Graceto</i> <i>Md.</i>		
Yes Accident or Suicide?				





Name  
in  
Full

## CERTIFICATE OF DEATH

Harry G. Nuttree Jr.

Town

County

MARYLAND

Died at *Greenbelt Green**Charles*

Date of death

1907 Oct.

Day

21

Age

Years

—

Months

7

Days

Sex

*male*Color or  
Race*white*Birth-  
place*Ind.*

Occupation

*Infant*Where Residing if not  
at place of death

—

Married, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name*Harry G. Nuttree*Father's  
Birthplace*Ind.*Mother's  
Maiden Name*Mary R. Walters*Mother's  
Birthplace*Ind.*Name of person giving  
In formation*E. L. Nuttree*How related  
to deceased*Uncle*

## CAUSES OF DEATH

Primary

*Marasmus*

How long

*4 mos*

Immediate

*Exhaustion*

How long

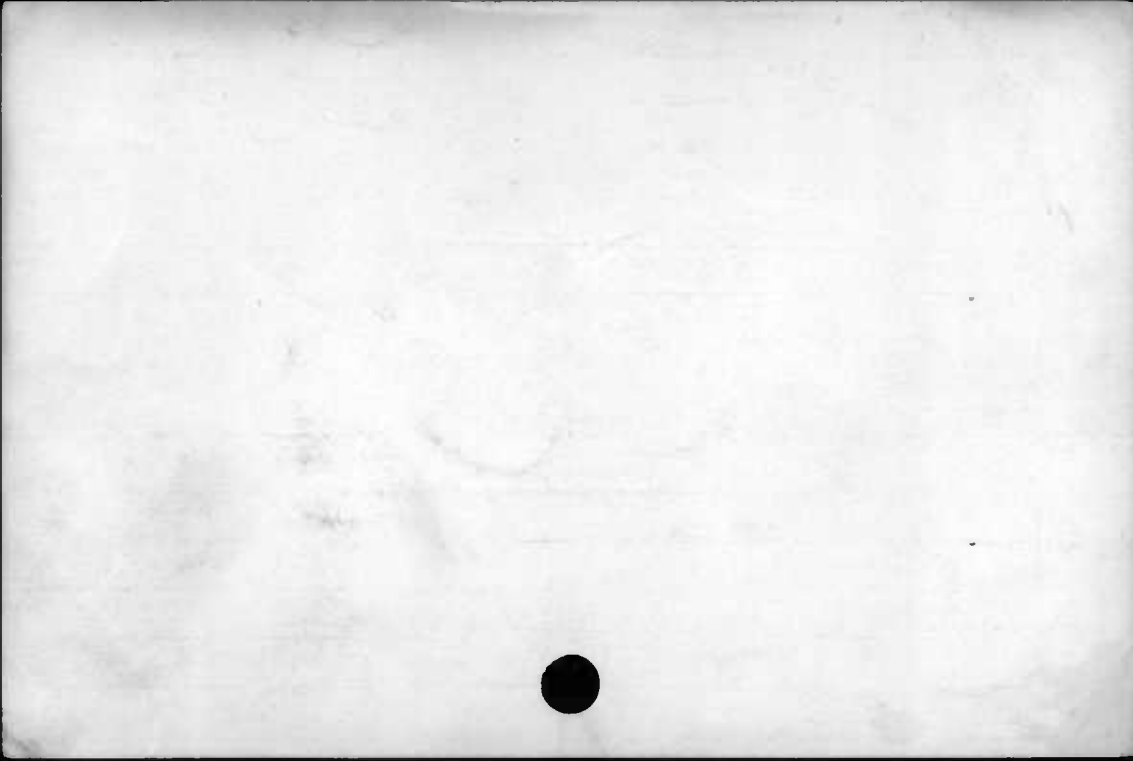
Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician*L. C. Garriod, M.D.*

Address

*Princeton,**Ind.*

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Samuel Clarence Padgett*

Town *near White Plains* County *Charles* MARYLAND

Died at *near White Plains*

Date of death *1907* Month *October* Day *twenty fifth* Age *forty-five* Months *2* Days *eighteen*

Sex *Male* Color or Race *White* Birth-place *Port Tobacco*

Occupation *Wholesale Merchant* Where Residing if not at place of death *La Plata, Md.*

Married, Single or Widowed *Married* Name of Wife or Husband *Mamie Rose*

Father's Name *Jonathan T. Padgett* Father's Birthplace *Charles County,*

Mother's Maiden Name *Augusta Richards* Mother's Birthplace *Washington, D.C.*

Name of person giving information *Lilla L. Roberts* How related to deceased *Cousin*

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary *Cerebral Hemorrhage* How long *4 days*

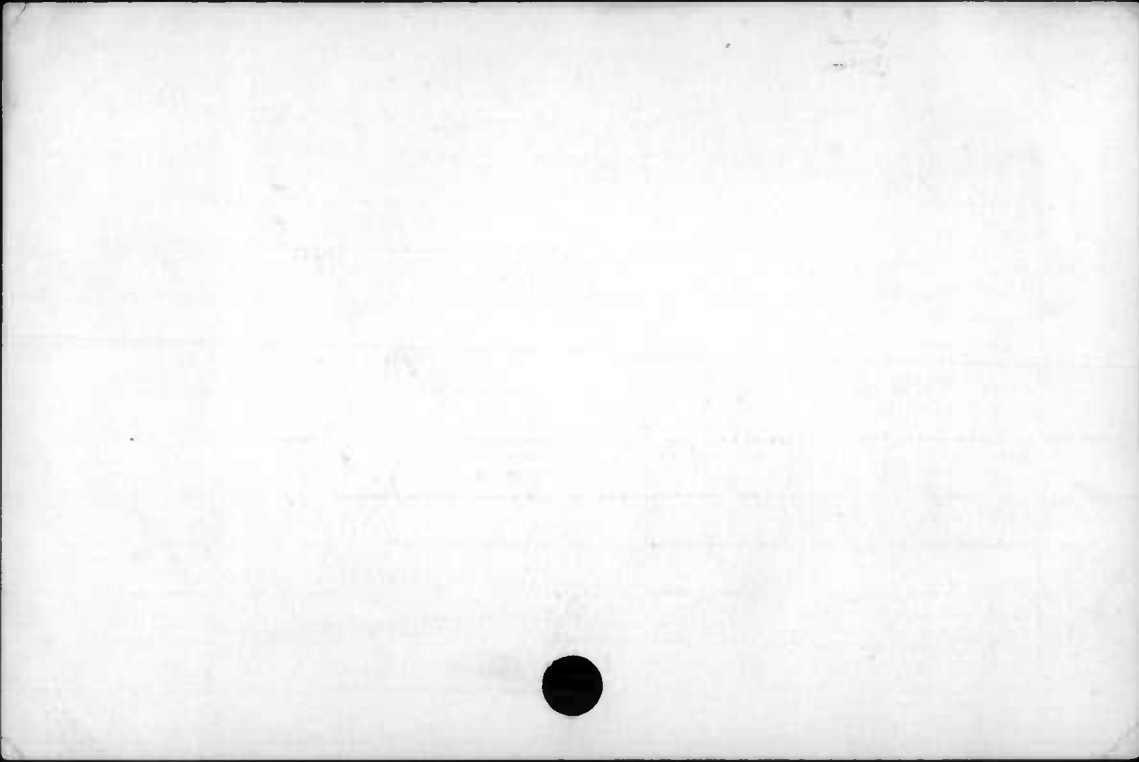
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Thos. S. Swan*

Address *La Plata Md*

Accident or Suicide? *no*



Name  
in  
Full

Emily Pryor

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

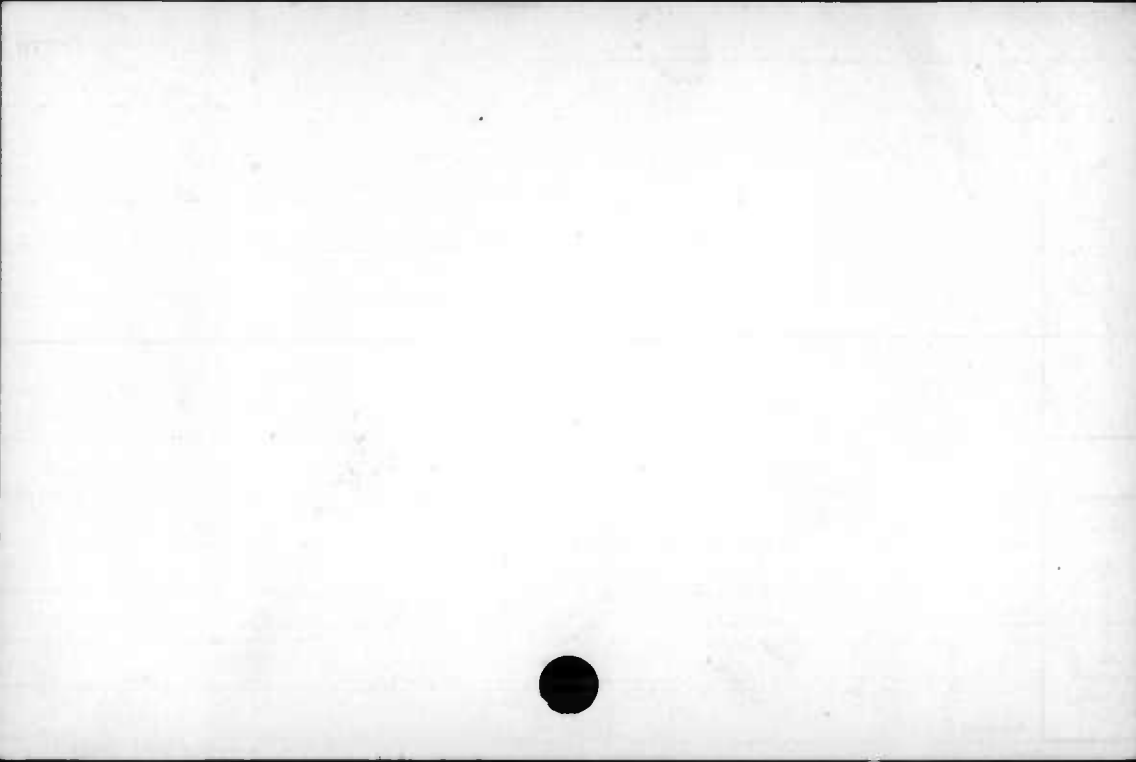
MARYLAND

Died at		Town Frou Sides		County Charles	
Date of death		1907	Month October	Day 8	Age Years 15-
Sex Female		Color or Race Black		Birth- place Frou Sides, Md.	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving In formation			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Throat	How long	100 4 or 5 days
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		James M. Wheeler	
		Address	
		Sub-Registrar	
Accident or Suicide?		Grayton Md	



Name

in  
Full

George I Simpson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

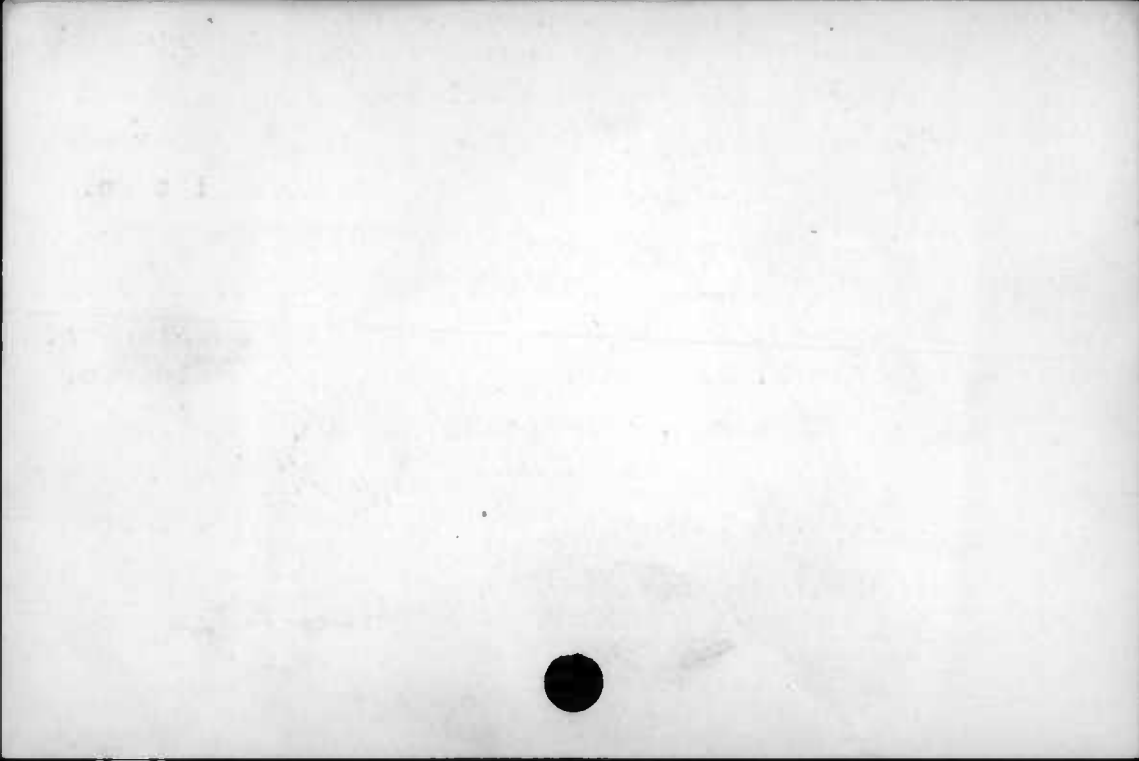
Died at <b>Bel Alton</b> Town			County			MARYLAND		
Date of death	1907	October	Day	22	Age	36	Months	***
Sex	Male		Color or Race	White		Birth-place	Charles Co.	
Occupation	Farmer			Where Residing if not at place of death			*****	
Married, Single or Widowed	Single		Name of Wife or Husband			*****		
Father's Name	Joseph Simpson					Father's Birthplace	Charles Co.	
Mother's Maiden Name	Fannie L. Lancaster					Mother's Birthplace	Charles Co.	
Name of person giving information	Thomas A. Simpson					How related to deceased	Brother	

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	Fibroid Phthisis	How long	6 Years
Immediate	Intestinal Tuberculosis	How long	6 Weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>E. H. H. H.</i>	
		Address Bel Alton	
Accident or Suicide?		Maryland	





Name  
in  
Full

Gracie Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

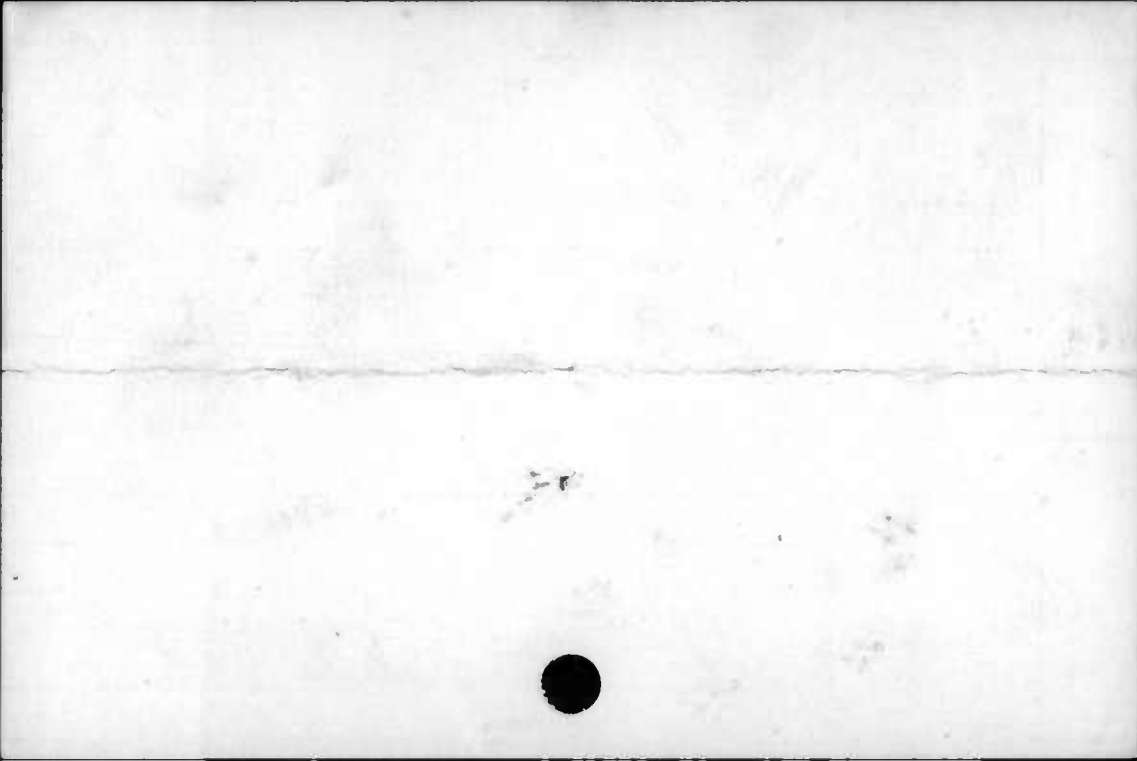
Died at <i>near La Plata</i>		County <i>Charles</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Oct</i>	Day <i>21<sup>st</sup></i>	Age <i>28</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Charles Co</i>		
Occupation <i>housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Xavier Thomas</i>				
Father's Name <i>Benjamin Marshall</i>	Father's Birthplace <i>Charles Co</i>				
Mother's Maiden Name <i>Mary J. Hawkins</i>	Mother's Birthplace <i>Charles Co</i>				
Name of person giving information <i>Barber Marshall</i>	How related to deceased <i>brother</i>				

## CAUSES OF DEATH

①

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 or 3 weeks</i>
Immediate <i>Heart failure - exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos. S. Owen M.D.</i>
	Address <i>La Plata</i>
Accident or Suicide? <i>no</i>	<i>med</i>



Name  
in  
Full

John F. Travers

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> near Pisgah

<sup>County</sup> Charles

Date of death 1907 Oct 7

Day 11

Age Years 70

Months

Days

Sex Male

Color or Race Colloid

Birthplace Chas. Co Md.

Occupation Laborer

Where Residing if not at place of death

Married, Single or Widowed widowed

Name of Wife or Husband

Elizabeth Travers

Father's Name Henson Travers

Father's Birthplace Chas. Co. Md.

Mother's Maiden Name Not known

Mother's Birthplace not known

Name of person giving information Jos. E. Travers

How related to deceased Son

CAUSES OF DEATH

(179)

Primary *Unk*

How long

Immediate

How long

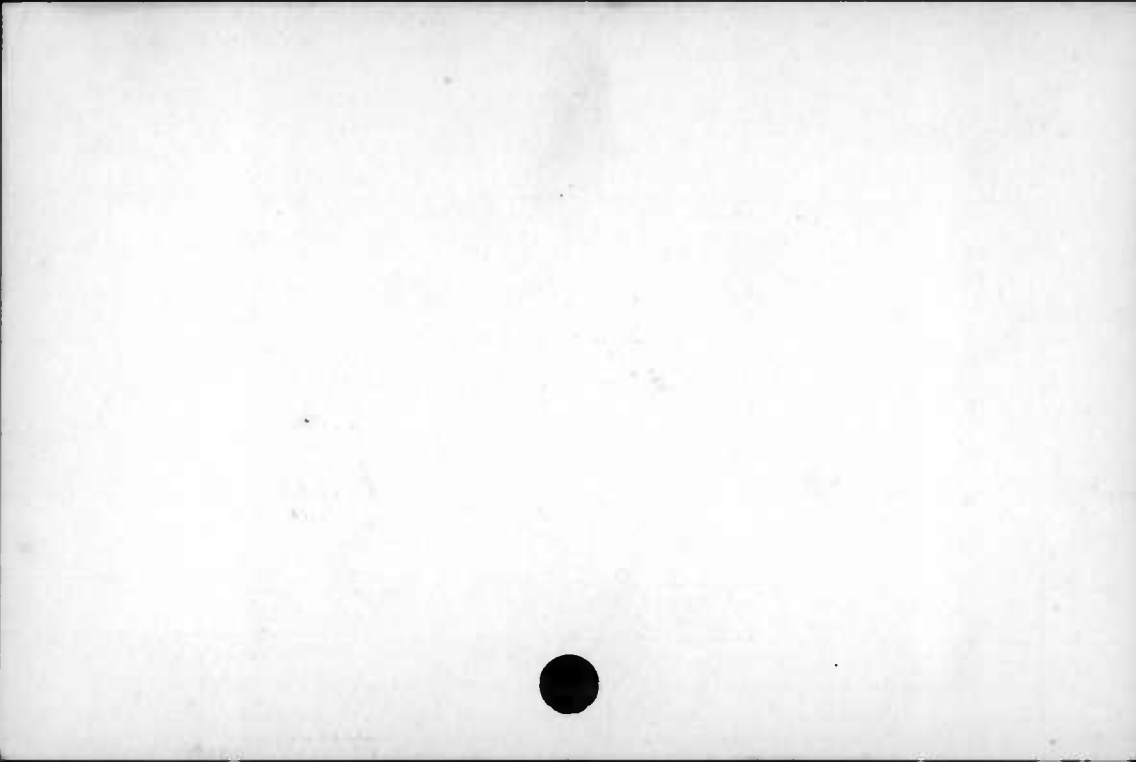
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician no Physician in attendance

Chas D Carpenter

Address Pisgah Md.

Accident or Suicide? Sub-Registered 2nd district Chas. Co Md.



Name  
in  
Full

Ruth Ward

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

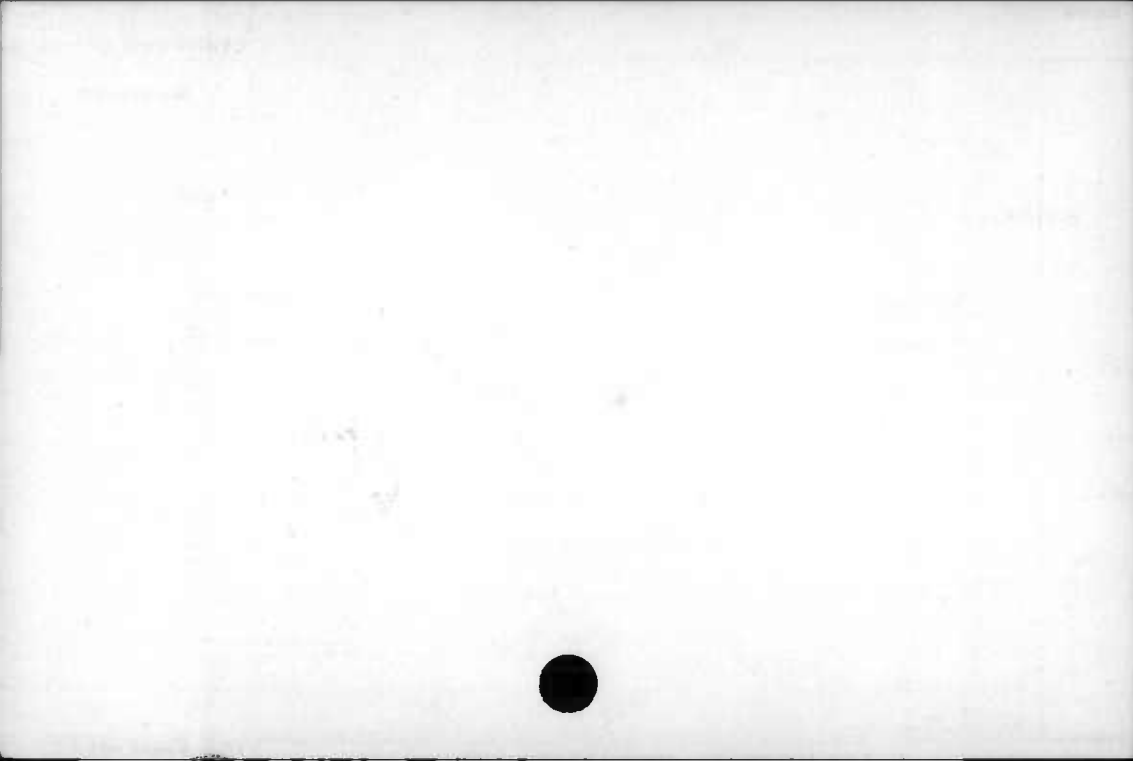
Died at <i>River Side</i> Town		<i>Charles</i> County		MARYLAND	
Date of death	1907	Month	October	Day	17
Age	9	Years		Months	
Sex	Female	Color or Race	Black	Birth-place	Washington, DC
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Unknown			Father's Birthplace	Unknown
Mother's Maiden Name	Alice Ward			Mother's Birthplace	Ind
Name of person giving information	Albert Stokes			How related to deceased	None

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary	<i>Consumption</i>	How long	3 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<i>James M. Wheeler</i>
		Address	<i>Sub-Registrar Graytown, Ind</i>
Accident or Suicide?	<i>C</i>		



Name  
in  
Full

## CERTIFICATE OF DEATH

Gertie Welch

Town

County

MARYLAND

Died at Faulkner

Date of death 1907 Oct.

Day 8

Age

Years

Months 5

Days

Sex Female

Color or Race

White

Birth-place

Charles Co. Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

John W. H. Welch

Father's Birthplace

St. Mary's County Md

Mother's Maiden Name

Ida Adel Higgs

Mother's Birthplace

St. Mary's Co. Md

Name of person giving information

John W. H. Welch

How related to deceased

Father

## CAUSES OF DEATH

105

Primary

Cholera Infantum

How long

3 days

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Peter W. Roby Coroner J.P.

Address

Bel Air

Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

